



The following information must be provided when requesting PA either by telephone or via fax:

1. Physician's order
2. Descriptions of disability requiring special transport and/or special circumstances
3. Type of transportation and need for attendant services, as appropriate
4. Estimated cost of transportation, attendant services, meals or lodging, as appropriate
5. Verbal or written representation from the member that other transportation is not available.

PA for non-emergency medically necessary transportation provided to AHCCCS FFS members or IHS-enrolled members through the use of a private vehicle must be requested by the member's medical service provider. PA for transportation will not be issued unless the transportation provider is an AHCCCS registered provider prior to seeking PA.

Refer to the AHCCCS FFS Provider Manual or AHCCCS IHS Billing Manual for provider registration and billing information. Both of these manuals are available on the AHCCCS Web site.



● **TRIAGE/SCREENING AND EVALUATION OF EMERGENCY MEDICAL CONDITIONS**

**Description.** Triage/emergency medical screening and evaluation services are the medically necessary screening and assessment services provided to FFS, acute care and ALTCS members in order to determine whether or not an emergency medical condition exists, the severity of the condition, and those services necessary to alleviate or stabilize the emergent condition. These services are covered services if they are delivered in:

1. An acute care hospital emergency room
2. A free standing urgent care center, or
3. An Indian Health Service (IHS) hospital emergency room. This applies only to emergency medical assessment services provided to Native Americans who are enrolled with a Contractor but receive the triage/emergency medical assessment services through an IHS hospital.

**Amount, Duration, and Scope.** Medically necessary screening and evaluation services to rule out an emergency condition, or to determine the severity of an emergency medical condition and necessary treatment services required for the emergency medical condition, do not require prior authorization (PA) from the AHCCCS/DFSM/PA Unit.

If the presenting condition assessed during triage/emergency medical screening and evaluation is determined not to be an emergency condition, any further assessment, care and treatment is subject to AHCCCS FFS PA and utilization management requirements.

Providers responsible for triage, screening and/or evaluation of emergency medical conditions must submit supporting medical documentation for services rendered. At a minimum, the emergency room record of care must be submitted when reporting or billing services to the AHCCCS Administration for services provided to FFS members.

Medical review of emergency room records must consider each case on an individual basis to determine if:

1. The triage/screening services were reasonable, cost-effective and medically necessary to rule out an emergency condition and evaluate the member's medical status, and
2. The evaluation of the member's medical status meets criteria for severity of illness and intensity of service.



**CHAPTER 800**  
**FFS QUALITY AND UTILIZATION MANAGEMENT**

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**POLICY 820**  
**PRIOR AUTHORIZATION REQUIREMENTS**

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If the provider fails to submit medical records necessary for review, or if the medical records fail to meet the criteria specified in this policy, the claim may be denied.

Refer to Policy 810 of this Chapter for a description of notification and PA procedures for inpatient admission or post-assessment therapy.

Refer to the AHCCCS FFS Provider Manual for information regarding service reporting and billing requirements. This manual is available on the AHCCCS Web site.